

# Weekly incident summary

## Week ending 28 July 2023

This incident summary provides information on reportable incidents and safety advice for the NSW mining industry. To report an incident to the NSW Resources Regulator: phone 1300 814 609 24 hours a day, 7 days a week.

### At a glance

High level summary of emerging trends and our recommendations to operators.


Type	Number
Reportable incident total	37
Summarised incident total	2

### Summarised incidents

Incident type	Summary	Comments to industry
Dangerous incident IncNot0045101 Open cut coal mine	<p>The joystick control on an electric shovel failed to respond as the machine was swinging. As the machine was slewing left, the operator tried to stop the machine by pushing the joystick to the right. It did not respond. The operator was able to hoist the bucket while in motion to avoid hitting a dump truck.</p> <p>The shovel was walked back from the face and parked up. The bench was cleaned up before the scene was preserved.</p>	<p>The cause of this incident is being investigated. Further information may be published later.</p> <p>Workers and supervisor must be trained in the required response to incidents. This includes when escalation to management is needed and when the incident scene must be preserved.</p> <p><u>Work Health and Safety Act 2011 39 Duty to preserve incident sites</u> details the legislative requirements regarding scene preservation.</p>



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Incident type	Summary	Comments to industry
Dangerous incident IncNot0045130 Underground coal mine Fire or explosion 	During a longwall move, a conveyor roller replacements campaign was completed. While recommissioning a drift conveyor, workers walked the belt tracking rollers. The return belt was found to be rubbing on the structure. The conveyor was stopped, and rollers were tracked. When the conveyor was restarted, a burning rubber smell was noticed. The workers proceeded along the belt. Hot embers were seen falling from a point at which the belt was rubbing on the conveyor structure.	This incident illustrates the importance of conveyor inspections following work where changes have been made to the conveyor. Mine operators must plan to monitor and inspect conveyors after events such as bulk roller change out or conveyor belt replacement.

### Other Resources Regulator news

#### Have your say – Discussion paper - vehicle interaction controls in NSW mines

The NSW Resources Regulator has released its Discussion paper - Vehicle interaction controls in NSW mines and invites public consultation on the proposed recommendations.

The discussion paper is seeking feedback on the potential pathways the Regulator can take to address adverse vehicle interactions in the NSW mining industry.

Industry stakeholders are invited to provide their valuable insights and feedback on the discussion paper. Public consultation is an essential part of the process, as it allows for diverse perspectives to be considered when shaping policies and Regulations.

The consultation period will be open from Thursday 27 July until 5pm, Friday 8 September 2023. To provide your feedback visit [resourcesregulator.nsw.gov.au/public-consultation](https://resourcesregulator.nsw.gov.au/public-consultation)

### Other publications of interest

The incidents are included for your review. The NSW Resources Regulator does not endorse the findings or recommendations of these incidents. It is your legal duty to exercise due diligence to ensure the business complies with its work health and safety obligations.

Publication	Issue/topic
	<b>National (other, non-fatal)</b>
<b>Resources Safety and Health Queensland</b>	During routine servicing of a Caterpillar D11T Dozer, the machine was being relocated out of the workshop when the right-hand final drive locked up and subsequently failed, splitting the outer case. Two bolt heads sheared off (projectiles) from the outer casing of the final drive, travelling approximately 4.6 metres, and impacting into a nearby toolbox. The machine locked as it began reversing and was unable to move forward or backwards. The operator jacked the machine up to see if it would rotate. During this attempt to move the track backwards, the right final-side drive casing split, ejecting the bolt heads. The technique to remove the plugs contributed to the incident. The plug was struck prior to being loosened and removed using an impact wrench  <a href="#">Details</a>

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Publication	Issue/topic
<b>Resources Safety and Health Queensland</b>	A 14 mm synthetic fibre rope failed when the breaking strain was exceeded while installing a new conveyor belt. When the rope failed it whiplashed, striking a worker in the face. As a result of the accident, the worker later had surgery to remove one of his eyes.  <a href="#">Details</a>

Note: While the majority of incidents are reported and recorded within a week of the event, some are notified outside this time period. The incidents in this report therefore have not necessarily occurred in a one-week period. All newly recorded incidents, whatever the incident date, are reviewed by the Chief Inspector and senior staff each week. For more comprehensive statistical data refer to our annual performance measures reports.

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Document control	
CM9 reference	DOC23/215986
Mine safety reference	ISR23-29
Date published	4 August 2023
Authorised by	Deputy Chief Inspector Office of the Chief Inspector